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CERTIFICATE OF ELECTRONIC TRANSMISSION UNDER 37 C.F.R. 81.8

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C. POROX 398

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I hereby certify that this correspondence is being deposited with the United States Patent Office electronic filing system on the date indicated below

USTIN TX 78767-0398		Jackie L. Pit	Jackie L. Pitre		
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/566,669	10/23/2006	Frédéric Ponson	5310-09300/EBM	9953	

DUBLICATION FOR

TITLE OF INVENTION: FREEWHEEL BEARING DEVICE WITH TORQUE LIMITER CMALL ENTERV

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nonprovisional	No	\$1510.00	\$300.00		\$1810.00	08/20/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
Holmes, Justin		3655	192-045000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 		For printing on the page, list	e patent front	ent front 1 Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.		
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		 the names of up to 3 registered patent attorneys or agents OR, alternatively, 		2 Eric B. Meyertons		
"Fee Address" indication (c form PTO/SB/47; Rev 03-02 or of a Customer Number is requi	(2) the name of a sing as a member a registe agent) and the name registered patent attor. If no name is listed, n printed.	red attorney or is of up to 2 neys or agents.	J			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment

(A) NAME OF ASSIGNEE: SKF France

(B) RESIDENCE (CITY & STATE OR COUNTRY):

Montiony le Bretonneux, France

Please check the appropriate assignee category indicated below (will not be printed on the patent): 🔲 individual 📉 corporation or other private group entity 🔲 government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are enclosed: Issue Fee

> Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1505/5310-09300/EBM

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Advance Order - # of Copies 1

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 □ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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6/15/10 Authorized Signature

Typed or printed name

Mark R. DeLuca Registration No: 44,649

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